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## BIB DATA SHEET

CONFIRMATION NO. 6735

|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                         |                                                              |                           |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/727,891                                                                                                                                                                                                                                         | <b>FILING or 371(c)<br/>DATE</b><br>12/04/2003<br><b>RULE</b>                                                     | <b>CLASS</b><br>436                                      | <b>GROUP ART UNIT</b><br>1797 H0005107-0760(1100.123610 | <b>ATTORNEY DOCKET NO.</b>                                   |                           |                                |
| <b>APPLICANTS</b><br>Yuandong Gu, St. Paul, MN;<br>Son Thai Lu, Plymouth, MN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/15/2004                                         |                                                                                                                   |                                                          |                                                         |                                                              |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature |                                                                                                                   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>MN                           | <b>SHEETS DRAWINGS</b><br>5                                  | <b>TOTAL CLAIMS</b><br>34 | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>HONEYWELL INTERNATIONAL INC.<br>101 COLUMBIA ROAD<br>P O BOX 2245<br>MORRISTOWN, NJ 07962-2245<br>UNITED STATES                                                                                                                                          |                                                                                                                   |                                                          |                                                         |                                                              |                           |                                |
| <b>TITLE</b><br>Analyte detector                                                                                                                                                                                                                                           |                                                                                                                   |                                                          |                                                         |                                                              |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1194                                                                                                                                                                                                                                         | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                                          |                                                         | <input type="checkbox"/> All Fees                            |                           |                                |
|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                         | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                         | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                         | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                         | <input type="checkbox"/> Other _____                         |                           |                                |
|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                         | <input type="checkbox"/> Credit                              |                           |                                |